|  |   |  |                              |                             | X                                    |                    |               |                         |                     |  |  |  |
|--|---|--|------------------------------|-----------------------------|--------------------------------------|--------------------|---------------|-------------------------|---------------------|--|--|--|
|  | POTENTIAL HAZARDOUS WASTE SITE  |  |                              |                             |                                      | REGION SITE NUMBER |               |                         |                     |  |  |  |
| FINAL STRATEGY DETERMINATION   |   |  |                              |                             |                                      | 1/                 | off-900010327 |                         |                     |  |  |  |
| File this form in the region System; Hazardous Waste   |   |  |                              |                             |                                      | otectio            |               |                         |                     |  |  |  |
|  |   | I. SITE IDENT                              |                              |                             |                                      |                    |               |                         |                     |  |  |  |
| Durnha into  | Like at Bron  | dwar + Han                                 | B. STREET                    |                             |                                      |                    | ,             |                         |                     |  |  |  |
| Sarfield Do. STATE   |   |  |                              |                             | E. ZIP CODE                          |                    |               |                         |                     |  |  |  |
| Zudianta (h  |   | II. FINAL DETE                             |                              | t.: ( <b>Y</b> 1 :          | - 45                                 |                    |               |                         |                     |  |  |  |
| Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the   |   |  |                              |                             |                                      |                    |               | ACTION AGENCY           |                     |  |  |  |
|  |   | MARK'X'                                    | EPA                          | STA                         |                                      | LOCAL              | PRIVATE       |                         |                     |  |  |  |
| A. NO ACTION NEEDED  |   | X  | X                            |                             |                                      |                    |               |                         |                     |  |  |  |
| El. (If yea, complete Section  | REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE  (If yes, complete Section III.) |  |                              |                             |                                      |                    |               |                         |                     |  |  |  |
| C. REMEDIAL ACTION (If yes, complete Section IV.)  |   |  |                              |                             |                                      |                    |               |                         |                     |  |  |  |
| D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.) |   |  |                              |                             |                                      |                    |               |                         |                     |  |  |  |
| E. RATIONALE FOR FINAL   | STRATEGY DETERMINA  | TION                                       |                              |                             |                                      | Щ.                 |               |                         | 1                   |  |  |  |
| 01 +   | OFDA 1  | 1111                                       | . /                          |                             | •                                    |                    |               | •                       |                     |  |  |  |
| refer w  | OEPA for  | Julion.                                    | up                           |                             |                                      |                    |               |                         | ;                   |  |  |  |
|  |   | •  | •                            |                             |                                      |                    |               |                         |                     |  |  |  |
|  |   |  |                              | ·                           |                                      |                    |               |                         |                     |  |  |  |
|  |   | <u> </u>                                   | <del>-</del>                 |                             |                                      |                    |               |                         |                     |  |  |  |
| F. IF A CASE DEVELOPME<br>THE DATE PREPARED (  |   | PARED, SPECIFY                             |                              | FORCEMENT<br>_ED (mo., day  |                                      | S BEEI             | N FIL         | ED, SPECI               | FY THE              |  |  |  |
| H. PREPARER INFORMATIO   | ON  |  |                              |                             |                                      |                    |               |                         | · · · · · · ·       |  |  |  |
| 1. NAME / / 2. TELEPHO   |   |  |                              |                             | ONE NUMBER 3. DATE (mo., day, & yz.) |                    |               |                         |                     |  |  |  |
| S. Koyes   |   |  |                              | 886-6714                    |                                      |                    |               | 1/28/81                 |                     |  |  |  |
|  | REMEDIAL ACTIONS  |  |                              |                             |                                      |                    |               |                         |                     |  |  |  |
| List all remedial actions, for a list of Key Words for remedy.   | such as excavation, ren<br>each of the actions to l                                 | noval, etc. to be to<br>be used in the spa | aken as soon<br>ces below. ] | as resource<br>Provide an e | s become<br>stimate o                | availa<br>f the a  | ble.<br>pprox | See instri<br>imate cos | actions<br>t of the |  |  |  |
| A. REMEDIAL  | ACTION  | B. ESTIMAT                                 | C. REMARKS                   |                             |                                      |                    |               |                         |                     |  |  |  |
|  | !   | \$   |                              |                             |                                      |                    |               |                         |                     |  |  |  |
|  |   | \$   |                              |                             |                                      |                    |               |                         |                     |  |  |  |
|  |   | \$   |                              |                             |                                      |                    |               |                         |                     |  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·   | \$   |                              | _                           |                                      |                    |               |                         |                     |  |  |  |

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US EPA RECORDS CENTER REGION 5

D. TOTAL ESTIMATED COST

| Continued From Front  | 7                          |  |   |                                       |  |  |  |  |  |  |
|---|----------------------------|--|---|---------------------------------------|--|--|--|--|--|--|
|   |                            | IV.                                      | . REMEDIAL ACTI                                   | IONS                                  |  |  |  |  |  |  |
| A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below. |                            |  |   |                                       |  |  |  |  |  |  |
| 1. ACTION   | 2. ACTION<br>START<br>DATE | 3. ACTION<br>END<br>DATE<br>(mo,dey,&yr) | 4. ACTION AGENCY (EPA, State, Private Party)      | 5. COST                               | 6. SPECIFY 311 OR OTHER ACTION;<br>INDICATE THE MAGNITUDE OF<br>THE WORK REQUIRED. |  |  |  |  |  |
|   |                            |  | ,   | s                                     |  |  |  |  |  |  |
|   |                            |  |   | s                                     |  |  |  |  |  |  |
|   |                            |  |   | s                                     |  |  |  |  |  |  |
|   |                            |  |   | s                                     |  |  |  |  |  |  |
|   |                            |  |   | s                                     |  |  |  |  |  |  |
|   |                            |  |   | \$                                    |  |  |  |  |  |  |
| B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.   |                            |  |   |                                       |  |  |  |  |  |  |
| 1. ACTION   | 2. ACTION<br>START<br>DATE | 3. ACTION<br>END<br>DATE<br>(mo,day,&yr) | 4.<br>ACTION AGENCY<br>(EPA, State                | S. COST                               | 6. SPECIFY 311 OR OTHER ACTION;<br>INDICATE THE MAGNITUDE OF<br>THE WORK REQUIRED. |  |  |  |  |  |
|   |                            |  |   | s                                     |  |  |  |  |  |  |
|   |                            |  |   | s                                     |  |  |  |  |  |  |
|   |                            |  | ·   | s                                     |  |  |  |  |  |  |
|   |                            |  |   | s                                     |  |  |  |  |  |  |
|   |                            |  |   | s                                     |  |  |  |  |  |  |
|   |                            |  |   | \$                                    |  |  |  |  |  |  |
| C. MANHOURS AND COST BY A   | CTION AGE                  | ENCY                                     |   |                                       |  |  |  |  |  |  |
| 1. ACT  | ION AGENCY                 | ,  | 2. TOTAL MAN-<br>HOURS FOR<br>REMEDIAL ACTIVITIES | 3. TOTAL COST FOR REMEDIAL ACTIVITIES |  |  |  |  |  |  |
| a. EPA  |                            |  |   |                                       | S  |  |  |  |  |  |
| b. STATE  |                            |  |   |                                       | s  |  |  |  |  |  |
| c. PRIVATE PARTIES  |                            |  |   |                                       | s  |  |  |  |  |  |

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d. OTHER (specify):